



Hope.Help.Healing.

Donation Pledge

Families supporting Families

Donor Information

Name: _____

Address: _____

Phone: _____

Email: _____

Recognition Opportunities

Contribution is: anonymous honor of memory of

On all donor recognition please list as: _____

Gift: I would like to direct my contribution to: _____

(Indicate naming or recognition opportunity)

Payment Information

I/We will make a one-time gift of \$ _____

I/We will make a gift as follows: _____

(Cash, Check, Stock, Mutual Funds, Planned Gift, Other)*

I/We will make a pledge of \$ _____ each year over _____ years for a total gift of \$ _____

Enclosed is a payment for: \$ _____

Checks payable to:

HealthNet Foundation

Mail to:

Attn: Ian Hedges, CEO

23 West Milwaukee Street

Janesville, WI 53548

We ask all participants to complete this form for our records, even if payment is in full.

Signature: _____

Date: _____

*Please let us know any other option you would like to give and we will follow up accordingly
This gift is tax deductible to the fullest extent of the law; no goods or services were received.

THANK YOU FOR YOUR GENEROUS GIFT TO HEALTHNET OF ROCK COUNTY.